

**Press Clippings.**—Some news items from the daily press on matters related to medical practice follow:

#### Medicine

The increased socialization of medicine that Dr. Parran of the United States Public Health Service foresees after the war seems a reasonable certainty. The issue of importance to both medical profession and the public is whether it shall be directed and controlled by expert and ethical medical organization, or by politicians whose chief enthusiasm is socialization of everything. It would be a great relief if an organization like the American Medical Association, in which the people have confidence, would step into the breach with constructive action to meet the reasonable requirements for public health.—*San Francisco Chronicle*, July 14.

#### Parran Backs "Socialization" in Medicine

Washington, July 12.—(UP.)—Dr. Thomas Parran, Surgeon General, U. S. Public Health Service, said today that "too much heat and not enough light" has been turned on socialized medicine, and he predicted that more, not less, socialization of medical facilities would be needed for a \$1,989,000,000 public health program he advocated.

He told a Senate subcommittee on war-time health and education that "sound health is as necessary for the tasks of peace as the tasks of war" and added:

"It is my belief that we can have a national health program fitted to the Nation's needs and the social and economic problems of the 48 States not entirely with socialized medicine but not with more private medical practice than we now have."

#### Plan Outlined

He outlined a plan for 417,000 hospital beds and 2,400 health centers and sub-centers, costing \$1,989,000,000, not including the health needs of veterans, which he said the Nation must place on a sound basis.

"As our knowledge increases," he said, "the need grows for putting this complex science (research, diagnosis and treatment) to the service of the people by groups of trained persons working as a team. The day of the country doctor of the saddle bags is past."

Parran advocated an integrated system of public health service beginning with health centers in every community feeding general and specialized hospitals. He said that prepaid insurance plans of the Blue Cross, strongly advocated to the committee by Dr. Claude W. Munger of the American Hospital Association Council on Government Relations, "does not seem applicable to the large low income groups" which constitute the "major financial burden on Voluntary hospitals."

The 4Fs of the next war can be picked out from school records of the present children. Parran said on the basis of a study made at Hagerstown, Md.

Selective service records of rejectees in this war were compared with public school health records of the rejectees 15 years before. He said 96½ per cent of the men rejected for teeth defects had teeth defects when they were examined in the public schools. Similar high percentages prevailed in other causes for rejection.—*San Francisco Chronicle*, July 13.

#### Cream of Tartar Found Aid to Surgery

St. Louis, June 24.—(AP.)—Cream of tartar has come out of the kitchen and into the operating room to save human lives.

Dr. M. G. Seelig, a St. Louis surgeon, explained his discovery recently in the *Journal of the American Medical Association*. Cream of tartar can replace talcum powder as a dusting agent for surgeons' gloves.

For, Dr. Seelig, reported, talc causes many kinds of complications after operations—adhesions, abdominal obstructions, peritonitis. Frequently, additional operations are needed because talc fragments sowed seeds of complications in the operating field, as they fell from the surgeon's rubber gloves. . . .

Dr. Seelig and his assistants experimented with about 50 substitutes. He described the dusting agent they were seeking, one that wouldn't dissolve when gloves are sterilized under intense heat, one that wouldn't leave particles in incisions.

#### France a Main Source

They tried chalk because it's been used harmlessly in women's face powder for so many years. But it caused adhesions in experimental animals. And they tried starches—but starch dissolved under intense heat.

Cream of tartar was the answer.

Tartar is not yet in general use as a dusting agent, Dr. Seelig said. Doctors have large supplies of talc on

hand. Also, one of the main sources of cream of tartar is unavailable on account of the war—the wine centers of France. For tartar comes from wine deposits.

"It's true, also," Dr. Seelig explained, "that tartar shortens the life of rubber gloves. But a pair of rubber gloves costs about 25 cents. Using tartar increases the cost about 12 cents.

"Operations can cost thousands of dollars—and human lives."—*Hollywood Citizen-News*, June 24.

#### Can Do

Sometimes miracles are requested of the Sea Bees on isolated islands in the South Pacific.

The following is an example of the spirit of "Can Do." The medical department of a construction battalion, finding itself without a thermal cautery requested the electrical department to make one. With the usual promptness that goes with their "Can Do" attitude, a thermal cautery was presented a few days later.

It is interesting to note how ingeniously the material for the cautery was procured.

The transformer, from combined covers of two burned out Radar transformers wound with scrap wire. The heat control unit was made up of carbon lighting arrestors. An old electric iron provided the mica. The plastic heat regulator was made from an antiseptic bottle. Eleven flexible wires twisted together and taped made up the cable. The handles came from a welding rod insulated with bakelite from an old tester. A wrecked bomber provided the control switch and the cautery wire. Finally the meter from an old generator and the screws from an old field telephone.

There are very few problems of construction that the combined knowledge of a Sea Bee battalion can not solve. The originality of any one finished product is quickly disowned by any one individual and the usual answer is, "We all got together on it."

Such a spirit of integration, willingness and "Can Do" will in the end spell defeat for the enemy.—*Detroit Medical News*, July 10.

#### San Francisco Health Department Doctors Rap Gonorrhea Treatment as Not Thorough

San Francisco, July 13.—This country is losing an opportunity to deliver a terrific blow against gonorrhea, because, two health officials asserted today, some army, navy and civilian doctors are discharging patients as cured even though they still are capable of infecting others.

The statement was made by Dr. J. C. Geiger, San Francisco health director, and Dr. Richard A. Koch, head of the municipal venereal disease clinic, in a special report on gonorrhea carriers. The clinic handles hundreds of cases each month, treating and testing servicemen and women as well as civilians.

#### One-Third Still Infected

Geiger, Koch and the late Dr. Earl N. Mathis demonstrated several months ago the existence of gonorrhea carriers. They found that about one-third of a large group of patients who had been treated with sulfa drugs and discharged as cured were still able to transmit the disease.

The health officers said this was due partly to instructions from the army surgeon general's office permitting the release of many soldiers from medical care as soon as they cease to show outward signs of the disease, and partly to similar practices by navy and civilian doctors.

#### "Few Infections"

The surgeon general's office explained that releases of this kind are permitted only in uncomplicated cases which clear up quickly, adding that there were "very few" instances in which soldiers thus treated had caused infections in other persons.

Nevertheless, Geiger and Koch contended that the disappearance of outward symptoms cannot be obtained unless all patients are kept under observation until shown to be disease free by three standard laboratory tests spaced one week apart.—*Sacramento Bee*, July 13.

#### Socialized Medicine Will Follow Advances, Clendening Predicts

Presenting the theory that medical science continues to advance steadily and thus offers new, limitless possibilities for the individual, and that 90 per cent of human beings cannot afford what science can give them today because skills and equipment are expensive, Dr. Logan Clendening, author of books on medicine and well-known, syndicated writer on medicine, predicted the coming of socialized medicine in an interview Tuesday at his summer home, 330 Lilac Drive, Santa Barbara.

Dr. and Mrs. Clendening arrived last week from Kansas City, Mo., where he is a professor of clinical medicine and medical history in the medical school of the University of Kansas. This year he introduced a new course in "Logic Applied to Medicine," which is the first time such a subject has been given by any medical school faculty in the country. Most of the medical student body at the University of Kansas are military personnel undergoing the new, stepped-up program of study.

"The medical profession does not sell a luxury-commodity, but a necessity that a civilized democracy will not permit people to do without," said Dr. Clendening. Asked if the medical profession would improve its members own economic standards through socialized medicine, he replied, "Doctors will benefit financially by socialized medicine through governmental control because it will not prevent them from practicing privately any more than public schools preclude private teaching."—*Santa Barbara News-Press*, June 21.

#### National Health Program Urged

The President and the Secretary of the Medical Society of the District of Columbia were among those invited to a meeting of the Council on Medical Service and Public Relations of the American Medical Association at the Mayflower Hotel, Washington, on May 22. They, like other guests of the Council, were asked to present their views on the medical situation.

Speaking for the District Society, President Sanderson said:

"It is our feeling that the American Medical Association, splendid though its record has been, is looked upon by many people with whom we speak in Washington as an 'anti' group. In other words, that the Association is seldom *for* but usually *against* any new proposal. Of course, we know that it is not the wish of organized medicine to appear in this light, nor has its opposition been due to selfish motives as is frequently charged by many persons unsympathetic, if not antagonistic, to the A.M.A. The fact remains, however, that many people here who should be our friends are not. Somehow we must win their support.

"It is imperative in our opinion that the A.M.A. present to the country its conception of a national health program. It has been said a number of times by officials of the Association that no health program can be devised which is adaptable to all communities. This is undoubtedly true but it is equally true that the underlying principles of all health programs are the same. It is our conviction therefore that the A.M.A. is obligated to actively encourage and assist state and county medical societies in the development and operation of adequate, inclusive health programs.

"Our impression is that the Association takes the position that it should keep hands off state and county society affairs. As regards a number of matters this is proper, but where a problem of such scope as the health of the Nation is concerned, it is not desirable.

"We feel that the House of Delegates might well entrust to this Council the development of a national health program. The program of itself need not be startlingly new but it should be forward-looking. Such a move would place the Association before the country in a positive rôle rather than a negative one."—*Medical Annals of the District of Columbia*.

#### Michigan Medical Service

The most successful experiment in prepaid medicine sponsored by a medical organization, the Michigan Medical Service, according to recent reports, is for the first time "in the black." The Service has a turbulent history. At one time its existence was seriously threatened because of financial difficulties. The Commissioner of Insurance of Michigan debated whether or not to close the Service. Interestingly enough, labor leaders intervened and urged that it be permitted to continue operation, being confident of its eventual success.

In the midst of its difficulties, Mr. Jay C. Ketchum was appointed Director. He and his able assistants battled against heavy odds to place the Service on a sound basis. Faced with a deficit of several hundred thousand dollars only two years ago, the financial recovery of the Service is a tribute to the executive ability of Mr. Ketchum, who is a most realistic individual. He has no illusions about the job ahead. He readily admits there are many difficult problems to be solved. He foresees in particular several knotty ones in the postwar era. Nevertheless he is confident that they can be satisfactorily met.

There is no easy road to the successful operation of a medical service plan. To begin with, it is, as Mr. Ketchum

says, a selling job. People are not demanding the protection such a plan affords. However, there is a need for it and so potential subscribers must be "sold." Difficult though this is, Mr. Ketchum has found it the least of his worries.

A majority of the physicians in Michigan have been coöperative. There are a substantial minority who are not. They are the ones who have read little about the Service, know little about its operation, and are not particularly interested in it. This group is a matter of concern and much effort has been put forth "educating" them.

The Committee on Medical Care of our Society has, through its Chairman and Secretary, learned a great deal from the Michigan experiment. It should make the road easier in Washington.—*Medical Annals of District of Columbia*.

#### A "Safe and Sane" Fourth of July

On the Fourth of July, 1943, for the first time since statistics began to be recorded, there was not one death in the United States from fireworks. Firewater instead of fireworks got in its work and there were some 300 deaths from traffic accidents and the usual holiday quota of drownings.

But the fireworks is something to celebrate. . . . It shows once more that the world does move, no matter how slowly. . . .

The propaganda which resulted in the 1943 record has been of two kinds. One was the campaign of the American Medical Association against tetanus, or lockjaw, as a result of Fourth of July injuries and the other was against the use of fireworks at all. . . .

Here is the result of this project of public education:

In 1903 there were 4,449 injuries and 406 deaths from tetanus.

In 1904 there were 4,169 injuries and 87 deaths from tetanus.

There was not much change in the record until 1909 when there was a jump to 5,307 injuries and 125 deaths from tetanus. This ghastly toll stimulated both the anti-tetanus and anti-fireworks campaigns so that:

In 1914 there were 1,506 injuries and 3 deaths from tetanus.

Since then the improvement has been steady until, as recorded in the opening sentence of this article, we have in 1943 no deaths from fireworks injuries either caused by tetanus or otherwise.

Of course part of this good result so far as tetanus is concerned is due to the disappearance of the horse from our streets.

Still a very recent study of the occurrence of tetanus spores on the streets and pavements of Baltimore showed that 17 per cent of the cultures were positive. And no fair-minded person with a memory as long as mine of the glorious Fourths of the gay nineties down to the recent past can deny that the good results of last year are largely due to the "safe and sane Fourth" slogan. . . . —Logan Clendening, M.D., in *Berkeley Gazette*, July 3.

#### Progress In Saving Lives from Tropical Diseases

It will be welcome news to hundreds of thousands of fathers and mothers whose sons are in service in tropical countries to read the statement of Rear Admiral Luther Sheldon, Jr., assistant chief of the navy bureau of medicine and surgery, to the effect that "the danger of tropical diseases for our armed forces has been overcome to a large extent." The navy medical officers feel that they "have the problem licked."

Admiral Sheldon said that he was not now at liberty to give details on the conquest of the tropical diseases, but to medical men who have heard his statement on the subject, it meant the equivalent of a major victory on the battlefield.

The progress that has been made in medicine, even during the present war, is far beyond the understanding of the average citizen who will reap the benefits. It is the result of the tireless efforts of individual doctors and institutions.—*San Mateo Times and Leader*, June 22.

A grave menace exists of another world-wide recrudescence of tuberculosis. Its prevention will require vigorous effort against the spread of infection and all measures possible to maintain a high level of resistance to disease.—Col. Esmond R. Long, MC, U.S.A.

Tuberculosis is a social problem with a medical aspect. —Sir William Osler.